United States Bankruptcy Court Southern District of New York

In re: Lehman Brothers Holdings Inc

Case No.

08-13555 (JMP)

TRANSFER OF CLAIMS OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111 (a). Transferee hereby gives evidence and notice pursuant to Rule 3001 (e) (2), Fed. R. Bank. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

Yorvik Partners LLP

Name of the Transferee

Name and Address where notices to transferee should be Sent:

11 Ironmonger Lane London EC2V 8EY United Kingdom

Email: c.jones@yorvikpartners.com

Tel: + 44 207 796 5917

Bethmann Bank AG

Name of the Transferor

Court Claim # (if Known): 36571

Amount Transferred: \$56,764.23 Debtor against claim filed: Lehman Brothers Holdings Inc.

Date Claim Filed: 06/10/2009

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

Transferee/Transferee's Agent

Date:

Penality for making a false statement: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

Notice claim.doc

Q8-13555-mg Doc 34984 Filed 02/21/13 Entered 02/21/13 13:11:46 Main Document Pg 2 of 2

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076			LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM	
In Re:	s Holdings Inc., et al.,	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: L Lehr	JSBC - Southern District of New York man Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000036571
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on http://www.lehman-docket.com as of July 17, 2009				
Name and address of Creditor: (and name and address where notices should be set Creditor)				Check this box to indicate that this claim amends a previously filed claim.
TEVERICO VORGE GARTNER KIEL HANNS EGGETA. 100 22043-HAMANIG - GERBANY Telephone number: +494061638 Email Address: NOTO FRANCOSAGENTAGA, DE				Court Claim Number:(If known)
Telephone number: + 1940 6(638 Email Address: Note Described From Superior Action of Name and address where payment should be sent (if different from above)				Filed on:
Name and addres	ss where payment should	be sent (if different from above)		Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates. Amount of Claim: \$				
(Required)				
4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.				
Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:				
(Required)				
5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.				FILED / RECEIVED
Date. 09/29/203	of the creditor or other	offling this claim must sign it. Sign person authorized to file this claim in the notice address above. Attach	and state address and telephone	OCT 0 6 2009 EPIQ BANKRUPTCY SOLUTIONS, LLC
Penalty	for presenting frauduler	at claim: Fire of up to \$500,000 or	imprisonment for up to 5 years, o	r both. 18 U.S.C. §§ 152 and 3571